



# The experiences of people working in health and care services during the Covid-19 outbreak - Calderdale

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Healthwatch Calderdale  
The Elsie Whiteley Innovation Centre, Hopwood Lane, Halifax HX1 5ER  
Email: [info@healthwatchcalderdale.co.uk](mailto:info@healthwatchcalderdale.co.uk)  
Tel: 01422 399433





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## Our work at a glance

This report is to be viewed in conjunction with our service users and carers engagement report. For further information and to find out about our next steps please click [here](#).

Health and care services changed dramatically and with little or no prior notice during the Covid-19 outbreak. In an unprecedented and constantly changing situation, services and their workforce had to respond and adapt rapidly. As the United Kingdom was put into a ‘lockdown’ situation, people were asked to only leave their homes for essential journeys. However, throughout this time, people still needed to complete their roles as keyworkers.

Our role at Healthwatch Calderdale is to listen to and make sense of what members of the public tell us about their experience of using health and care services, then use that knowledge to make health and care better for everybody. As Covid-19 has resulted in enormous changes to health and care services, Healthwatch knew that we had to capture people’s views who worked in health and care services throughout the lockdown period, but that we would get the best results if we worked in partnership with Calderdale Clinical Commissioning Group (which plans and buys healthcare services for Calderdale), Calderdale Council and voluntary and community organisations in Calderdale. Working together means we can reach more people, and we don’t repeat elements of each other’s work. To do this, we worked with the Calderdale Involving People Network.

To gather a full understanding of the experience of staff working in health and care services during the COVID-19 pandemic, Healthwatch Calderdale and partners used a variety of different engagement approaches and tools such as a survey, focus groups and telephone consultations. We also asked people to share their experiences with us in creative ways such as stories, pictures, poems and word clouds.

In total we received 49 survey responses from health and care staff members. The responses were from a number of organisations including NHS, local authority, social care and the third sector.

Overall, the comments are divided as follows:

- Very positive: 15
- Moderately positive 58
- Moderately negative: 52
- Very negative: 32



The feedback we received indicates 4 main themes, they are:

- Staff wellbeing;
- Service delivery;
- Cleanliness, hygiene and infection control;
- Digital.

## Staff wellbeing:

We received 54 responses in relation to staff wellbeing, the topics covered by respondents include personal, emotional reactions to lockdown, adapting to a work/home life balance, pressure relating to demand on services and impact on mental health, among others.

### What was good?

Much of the positive feedback focused on supportive colleagues within workplaces.

*“The CCG has been excellent, allowing all staff to work from home and facilitating home working with the installation of Microsoft Teams. Although it was initially very busy with many service users needing some additional help, I felt very supported by managers with almost daily catch-ups.”*

*“Well protected by immediate management with regards to personal health concerns.”* (Care home employee)

*“Everyone has been very supportive, hard-working, and dedicated to looking after patients and each other. NHS is like a family, always there for each other.”* (Hospital employee)


### What could have worked better?

Many of the negative responses related to people’s emotions and feelings throughout the lockdown period.

*“I Felt very lonely at the beginning and the workload has been overwhelming in terms of managing updates from PHE (Public Health England) and other sources.”* (Registered Manager of a care home)

*“The general feel of attitudes towards social care during this pandemic has led to staff feeling second rate to NHS staff and an “after-thought” in the overall effort.”* (Care home employee)

*“At times very worrying, no PPE, working long hours, risk of infections, and seeing people going off sick.”* (Care home employee)



*“I found myself feeling guilty for saying no to working extended hours, so I just did it, but then felt torn between my family commitments; I found this emotionally draining at times.” (Third sector worker)*

## Service delivery

We received 79 pieces of feedback relating to service delivery from people working in health and care services throughout the Covid-19 outbreak. Respondents spoke to us about how their organisations adapted to delivering services remotely, support offered to staff working from home, impact on working hours and supply chain challenges, among others.

### What worked well?

People commented that staff and patients adapted quickly and positively to the changes required. This was highlighted as the reason organisations were able to continue to deliver services during lockdown and protect the public.

*“We changed the focus of our work - stopping some things and starting working on other things.” (Third sector worker)*

*“We decided to close the home to non-essential visitors from Thursday 12/03/2020 when the first positive case was detected in Calderdale. We believe that the reduction in visitors to the home, even just for a week, has enabled us to maintain a Covid-19 free status.” (Care home worker)*

*“Patients acknowledging that they do not need to see the same GP all the time.” (GP worker)*

### What could have worked better?

Staff told us that gaining a balance between home life and work has been challenging for delivering services as usual. People also raised concerns around supply chains, partnership working, communication as well as the impact on organisational finances.

*“I’ve been putting in more hours.” (NHS worker)*

*“We have come up against increased prices for PPE (personal protective equipment) across the board. We have been able to get some stock from the LA (local authority), but their stocks are also limited. We have been able to access testing for residents and staff on a need by need basis to begin with, but we have not received our kits for whole home testing. We have seen a*

*decline in older people coming into the home from their own homes and had to furlough staff due to a reduction of residents in the home. This has also put the home under financial strain.” (Care home worker)*

*“Chaotic organisation of services wider across Calderdale e.g. child immunisations.” (General Practice worker)*

*“Our service for people with learning disabilities (adults) closed. However, the pressure the families faced meant we had to find a way to continue to support them. Staff and volunteers had their own challenges at home, but they rose to the occasion to support others when needed. It sometimes meant a phone call, doing a delivery etc. Our clients all have learning disabilities so they were on the shielding list. It was confusing to start with, I think without staff/volunteers to provide families with information they would have struggled to find it on government websites, which are too confusing to navigate. Many relatives of our clients are old and not IT savvy.” (Third Sector worker)*

## **Cleanliness, hygiene and infection control:**

We received 58 comments related to sourcing and using Personal Protective Equipment (PPE), along with problems socially-isolating at work or being asked to work while displaying Covid-19 symptoms.

### **What worked well?**


*“Using the extra PPE equipment and changing into uniform at work and then removing it before we leave.” NHS worker*

*“Management were also operating a taxi service for staff members who didn’t live in walking distance to reduce the amount of public transport that was used by staff. We did this for approximately 8 (weeks).” Care home worker*

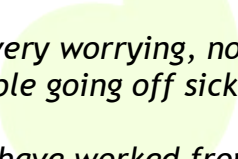
*“The manager installed a handwashing sink in the entrance of the home for staff and other visiting professionals to use when they entered the building. Handwashing posters were erected at all handwashing sinks within the home. Hand hygiene and Infection Control questionnaires were handed out to staff prior to the initial lockdown.” Care home worker*

### **What could have worked better?**

*“... Contact tracing was a letter sent out to patients arriving 10 days after they could have been exposed - telling patient to isolate for 14 days - bit of a joke since for 10 days they could have been out and about. 3 members of my team have had Covid-19 - not once were we told officially. A small handful of staff, but not all, were told they would be ok and no need to isolate. PPE*



*regs seem to change with the supply. I know of 10 staff who contact Occupational Health with symptoms all told to come into work - all have direct patient care.”* CHFT worker



*“At times very worrying, no PPE, working long hours, risk of infections, and seeing people going off sick.”* NHS worker

*“We could have worked from home but were told it wasn’t an option unless we had to isolate. We were not socially distanced.”* Admin in secondary care

## Digital access

We collated 66 comments about digital access, people spoke to us about utilising technology at home to continue service delivery, issues with resolving IT and lack of equipment. Many comments were positive, with a few ideas for improvement.

### What worked well?

There were many positive comments about how organisations embraced technology.

*“Good. Quick rollout of technology has helped me stay connected with colleagues. I’ve found that I still feel connected to colleagues, and a sense of camaraderie remains.”* CCG employee

*“Reduced unnecessary travel to meetings which can now be done online. Allowed faster and better online communication.”* Local authority employee

*“Rapid implementation by General Practice of new ways of working including remote video consultation.”* GP worker

### What could have worked better?

People responded that there was a reluctance to use digital technology, others commented that IT issues remained unresolved or taking longer to fix, others spoke of difficulties accessing systems remotely.

*“Online (Zoom) support, where they had previously been reluctant. Different skillset facilitating online and not appropriate for more high-intensity support. That’s taken place via phone. Workers (are) dealing with intense calls.”* Third sector

*“Having to email a generic email and await responses before work could continue on some tasks - e.g. supplier set up - not being able to speak to a person to action a request.”* Third sector





## Further feedback:

We gave people the opportunity to make a comment about anything additional they would like to add about working throughout the Covid-19 outbreak. The highest volume of comments related to stress, anxiety and pressure (14 comments); followed by caring responsibilities (5); isolation, working from home and worried about family (all with 4 each).

In relation to stress, anxiety and pressure comments are as follows:

*“Anxiety and depression have both been affected positively and negatively - WFH reduces impact of work, but isolation and concerns about the world and loved ones have been hard. Longer term impacts as we reduce lockdown and try and navigate the world and the impact post Covid-19.”*

*“This has been the worst experience of my career, the weight of responsibility for resident and staff wellbeing has been overwhelming*

*“Thought I couldn’t do the job anymore when we were losing so many as they become part of your “family”. Was short tempered at home, vivid dreams and trouble sleeping.”*

*“Due to the strain within the department and lack of support I’m currently off work.”*

Some had a more positive experience: working outside of normal roles or being deployed into different services was seen as a challenge they embraced.

## Other themes with more than 10 comments:

- Building and facilities, 33 pieces of feedback;
- Partnership or strategic work, 14 pieces of feedback;
- Access to services, 13 pieces of feedback.

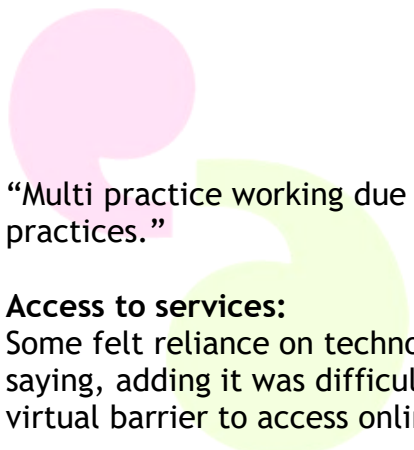
### **Building and facilities:**

One person commented: “Increase in agile working to keep numbers in buildings down and also helps reduce costs of parking etc for staff.”

Many expressed how organisations’ support for working from home had lessened the pressure they felt about childcare and home schooling.

### **Partnership or strategic work:**

“Our experience of external agencies in Calderdale has been very positive, we have all grouped together to make sure no clients have gone without food, gas and electric.”



“Multi practice working due to 'Hubs'. Greater appreciation for our working practices.”

**Access to services:**

Some felt reliance on technology made reaching vulnerable people difficult, saying, adding it was difficult for some vulnerable people to overcome the virtual barrier to access online support groups.

## Improvements or ideas for the future:

**Staff wellbeing:** Home or flexible working were options put forward to support staff in the future, along with greater communication with people working away from colleagues.

*“Access to MS Teams means that previous barriers to WFH (working from home) have been reduced and will hopefully impact on the presenteeism cultures. The adjustments to support WFH will have a longer-term impact on some disabled staff as it will be harder to refuse reasonable adjustments which include WFH or other IT based solutions.”*

**Service delivery:**

Testing and sourcing equipment needed:

*“The testing process has been extremely frustrating. For 2 weeks there were significant difficulties accessing symptomatic resident swabs. Staff and the home faced difficulties early in lockdown accessing basic food supplies and transport (actually had to use Beelivery to buy staff bread and milk). PPE was being actively diverted away from care homes into the NHS, this made ordering masks very difficult for small providers.”* Care home employee

Supply chain difficulties:

*“Lack of PPE available, difficult to source required equipment.”*

A number of comments related to the child immunisation programmes, indicating the changes (health visitors supporting vaccinations) was a positive outcome once organised properly.

One medical worker said they wanted “confirmation of what is the right thing to do” going forward.

Communication:

*“I suppose anything can be improved, but providing more information, and closer working with GP's and other providers to stop people turning up at*

A&E.” CHFT worker

### **Cleanliness, hygiene and infection control:**

Communication:

*“Clarification on the infection control grant why can we not spend it on PPE. No clear guidance. Are CCG going to explain to carers who drive (why) they get nothing but people who get the bus can get a free ride by taxi?”* Care home employee

*“Still not always enough information sharing and some 'local' procedures taking over from Government guidelines difficult to know which you should be following.”*

Testing:

*“Care home support and testing - joined up approach, working more collaboratively.”*

**Digital:**

Training challenges, resolving IT issues and differing IT systems between organisations were highlighted as an area for improvement along with better communication. Some workers asked for better access to equipment, including two screens, printers and their own laptop.

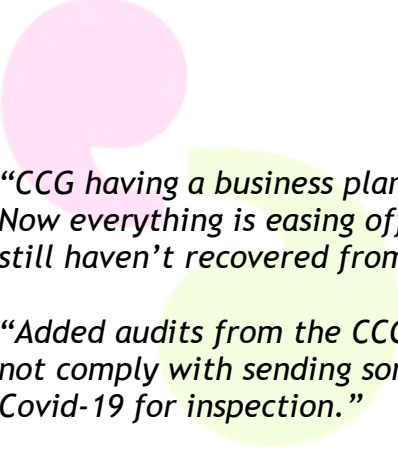
*“...More training is still required for care staff to use this technology more pressure and stress given to homes in this department.”*

*“Provide training for Microsoft Teams to carers. All health professionals to use the same system; we have two laptops one for Local Care Direct for SALTS and nurses and yet the doctors use a different system - we are carers not IT technicians.”*

### **Comments relating to specific identified services:**

CCG learning from different care home employees:

*“Stop bombarding us with paperwork instead telling us to do this and do that. Support us and ask us. I find if you say anything bad to CCG everyone knows about it and you become the bad apple... Train your social workers to understand funding maybe send them on courses. So many times we were being asked to take residents through Covid-19 at a reduced priced. We are not charities and have overheads to pay being asked to reduce a price which is cheaper than home is an insult.”*



*“CCG having a business plan to support care homes in this time of a pandemic. Now everything is easing off, do not be adding more paperwork on to us we still haven’t recovered from this.”*

*“Added audits from the CCG. CCG threatening to remove residents if we did not comply with sending someone into our home who was not tested for Covid-19 for inspection.”*

Local authority, CQC and wider health network:

From care home worker: *“Infection Control Lead Sandra Beaumont has been outstanding; Calderdale Contracts team have been extremely supportive- especially Bernie and Tina. CQC have been very supportive of providers, the Emergency Support Framework from CQC was helpful and offered some structure.”*

Care home: *“Calderdale and CQC have been very supportive and I have felt like they are just at the other end of the phone.”*

Care home worker: *“The excellent Quest nurses, LA staff and my own staff who still came to work day after day knowing the people we were losing.”*

NHS worker: *“Local authority and health using different IT systems for conference calls made it difficult for colleagues to join meetings. Also considering clients may not have up to date technology so therefore adapting and using teleconferencing systems.”*

Public Health England:

Registered Manager of a care home: *“Felt very lonely at the beginning and the workload has been overwhelming in terms of managing updates from Public Health England: PHE and other sources. Guidance has been issued at twenty to 11 on a Friday night-completely overhauling PPE guidance. Centralised guidance with a checklist of what needs to be done would be really helpful-for example guidance has not been clear about what risk assessments might be needed, approach to furloughing, RIDDOR reporting etc.”*

Pharmacy: *“Social distancing measures in place in local pharmacy when collecting prescription. Pharmacy doors closed, and spoke to pharmacist through a protected viewing window. The service was very prompt and professional.”*